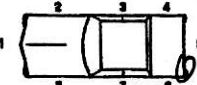
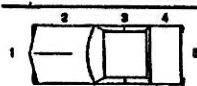


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-1748		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 1		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH. PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH 1/29/16		DAY FRI		TIME 1442		
CRASH OCCURRED ON 27 S. Broadway		WITHIN THE INTERSECTION OF Parking Lot		IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)		CITY CODE 8303						
LOG-1		LOG-2		LOC JUR FH3 FILT								
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Safeco						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) King, Tori		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 417 Cedar Ln. Lebanon OH 45036										
PHONE NO. 513-967-2016		BIRTH DATE 9/8/98		AGE 17		SEX F		SOCIAL SECURITY NO		STATE OH		
OWNER (IF SAME AS DRIVER, WRITE SAME) William King		ADDRESS Same				PHONE Same						
VEH YR 03		MAKE Chev		MODEL 2H		COLOR Red		STYLE 2H		STATE OH		
LICENSE PLATE NO FJB5587		TOWING SERVICE		VEH. PED DIR FROM TO								
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8 UNIT NO.		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)										
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO		STATE		
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS				PHONE						
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		
LICENSE PLATE NO		TOWING SERVICE		VEH. PED DIR FROM TO								
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES		
ADDRESS		PHONE		SEX		A B C D E F		3 B C D E F				
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		P-PEDESTRIAN		1 FATAL 2 SERIOUSLY VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
ADDRESS		PHONE		SEX		A B C D E F		CONDITION		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		RESTRAINTS		ALCOHOL		
ADDRESS		PHONE		SEX		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		A YES B YES 1 NO 2 NO TESTED TESTED		
A B C		INJURED TAKEN TO		By		A B C D E F		EJECTION		DRUGS		
D E F		INJURED TAKEN TO		By		A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		A TESTED O TESTED 1 YES 2 YES NO NO		
A		OFFENSE CHARGED AND DESCRIPTION				A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG				
O		OFFENSE CHARGED AND DESCRIPTION				A B C D E F						
RECEIVED CALL 1442		DISPATCHED 1443		ARRIVED 1446		CLEARED 1502		OTHER TIME		TOTAL MINUTES 20		
DATE REPORT FILED 1/31/16		PHOTOS YES NO		OFFICER'S NAME Barber		BADGE NO 120		CHECKED BY				